

RECEIVED
CENTRAL FAX CENTER
MAR 24 2005

FAX COVER SHEET

TO	Mail Stop Petition
COMPANY	USPTO
FAX NUMBER	17038729306
FROM	Tracy Druce
DATE	2005-03-24 23:08:46 GMT
RE	Application No. 10/635,899 - Our 7298.075.NPUS01

COVER MESSAGE

Please enter our attached Petition, Response to Notice to
File Missing
Parts, and Related Papers.

Thank you,

- Tracy W. Druce
Novak Druce & Quigg, LLP

/rmy

GET FREE ONLINE FAX DELIVERY FROM eFAX
WWW.EFAX.COM

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

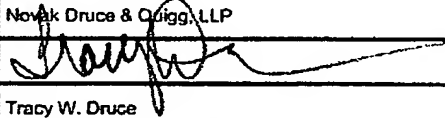
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

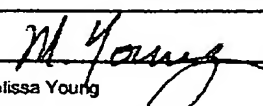
TRANSMITTAL FORM	Application Number	10/635.899
	Filing Date	08-07-2003
	First Named Inventor	PETRIE, Aidan
	Art Unit	3727
	Examiner Name	NOT ASSIGNED
	Attorney Docket Number	7298.075.NPUS01
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Authorization; and Copy of Notice
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Novak Druce & O'Leary, LLP		
Signature			
Printed name	Tracy W. Druce		
Date	24 Mar 05	Reg. No.	35,493

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Melissa Young	Date	24 Mar 05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/635,899
Filing Date	08-07-2003
First Named Inventor	PETRIE, Aidan
Examiner Name	NOT ASSIGNED
Group / Art Unit	3727
Attorney Docket No.	7298.075.NPUS01

TOTAL AMOUNT OF PAYMENT (\$) 2400

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 141437 Deposit Account Name: NOVAK DRUCE & QUIGG, LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>130</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>480</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>1500</td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td></td> </tr> </tbody> </table>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	130	127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	480		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55	1500	141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																
105	130	205	65	130																																																																																																																																																
127	50	227	25																																																																																																																																																	
139	130	139	130																																																																																																																																																	
147	2,520	147	2,520																																																																																																																																																	
112	920*	112	920*																																																																																																																																																	
113	1,840*	113	1,840*																																																																																																																																																	
115	110	215	55																																																																																																																																																	
116	400	216	200																																																																																																																																																	
117	920	217	480																																																																																																																																																	
118	1,440	218	720																																																																																																																																																	
128	1,960	228	980																																																																																																																																																	
119	320	219	160																																																																																																																																																	
120	320	220	160																																																																																																																																																	
121	280	221	140																																																																																																																																																	
138	1,510	138	1,510																																																																																																																																																	
140	110	240	55	1500																																																																																																																																																
141	1,280	241	640																																																																																																																																																	
142	1,280	242	640																																																																																																																																																	
143	460	243	230																																																																																																																																																	
144	620	244	310																																																																																																																																																	
122	130	122	130																																																																																																																																																	
123	50	123	50																																																																																																																																																	
126	180	126	180																																																																																																																																																	
581	40	581	40																																																																																																																																																	
146	740	246	370																																																																																																																																																	
149	740	249	370																																																																																																																																																	
179	740	279	370																																																																																																																																																	
169	900	169	900																																																																																																																																																	
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>180</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> SUBTOTAL (1) (\$) 770		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee	770	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	180	214	80	Provisional filing fee		2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> SUBTOTAL (2) (\$) 0		Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid				0	0	0				0	0	0						0	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																															
101	740	201	370	Utility filing fee	770																																																																																																																																															
106	330	206	165	Design filing fee																																																																																																																																																
107	510	207	255	Plant filing fee																																																																																																																																																
108	740	208	370	Reissue filing fee																																																																																																																																																
114	180	214	80	Provisional filing fee																																																																																																																																																
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid																																																																																																																																															
			0	0	0																																																																																																																																															
			0	0	0																																																																																																																																															
					0																																																																																																																																															
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																															
103	18	203	9	Claims in excess of 20																																																																																																																																																
102	84	202	42	Independent claims in excess of 3																																																																																																																																																
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																
Other fee (specify) _____		SUBTOTAL (3) (\$) 1630																																																																																																																																																		

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Tracy W. Druce	Registration No. Attorney/Agent	35,493
Signature		Telephone	202.659-0100
		Date	03/24/2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.